PART B - FEE(S) TRANSMITTAL

03 2006 B	his form, together wi		or <u>Fa</u>	P.O. Box 1450 Alexandria, Vii <u>x</u> (571) 273-2885	for Patents rginia 22313-1450	
INSPRUCTIONS: The foot appropriate. All further con increased unless con ected to make agree for suffication	m should be used for tran respondence including the below or directed otherwise is.	smitting the ISSU Patent, advance or in Block 1, by (a	JE FEE and PU ders and notific) specifying a n	BLICATION FEE (if recation of maintenance fees ew correspondence address	uired). Blocks 1 through 5 s will be mailed to the current ss; and/or (b) indicating a sepa	hould be completed where correspondence address as arate "FEE ADDRESS" for
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ARENT FOX KINTNER PLOTKIN & KAHN, PLLC Suite 600 1050 Connecticut Avenue, N.W. Washington, DC 20036-5339 01/04/2006 MBEYENE2 00000049 09987961				Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below. (Depositor's name)		
01 FC:1501 02 FC:1504 03 FC:2001	1400.00 OP 300.00 OP 30.00 OP	OP .				(Signature)
APPLICATION NO.	FILING DATE	FIRST NAMI		NVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
TITLE OF INVENTION: PA	ATTERN IDENTIFICATIO	N APPARATUS, I	1801-	NTIFICATION METHOD PUBLICATION FEE	, AND PATTERN IDENTIFIC	CATION PROGRAM DATE DUE
nonprovisional	NO	\$1400		\$300	\$1700	02/28/2006
					7	02/20/2000
<u> </u>	EXAMINER MARIAM, DANIEL G		ir	CLASS-SUBCLASS 382-181000		
"Fee Address" indicat PTO/SB/47; Rev 03-02 of Number is required. 3. ASSIGNEE NAME AND PLEASE NOTE: Unless	an assignee is identified by 37 CFR 3.11. Completion	ation form e of a Customer E PRINTED ON T elow, no assignee of this form is NO	or agents OR (2) the name registered att 2 registered plistered plisted, no nanother PATENT (plata will appear T a substitute for	on the patent. If an assis	s a member a 2	locument has been filed for
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Issue Fee XXA check in the amount of the fee(s) is enclosed.						
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Advance Order - # of Copies 10 The Director is hereby authorized by charge the required fee(s), or credit any overpaymen Deposit Account Number 01-2300 (enclose an extra copy of this form).						
5. Change in Entity Status a. Applicant claims Si	(from status indicated above MALL ENTITY status. See	•	☐ b. Applican	t is no longer claiming SM	ALL ENTITY status. See 37 C	FR 1.27(g)(2).
The Director of the USPTO NOTE: The Issue Fee and P interest as shown by the reco	is requested to apply the Iss ublication Fee (if required) ords of the United States Pat	ue Fee and Publicat will not be accepted ent and Trademark	tion Fee (if any) d from anyone of Office.	or to re-apply any previou ther than the applicant; a re	sly paid issue fee to the applicagistered attorney or agent; or the	ation identified above. he assignee or other party in
Authorized Signature	Maykowbya	, Reg. No). 43,313	Date 01	/03/06	
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